

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: Adoption

In Re the Petition of:_____, Petitioner
and

_____, Petitioner

**Request to Social Services
Agency to Conduct Post-
Placement Assessment****To Adopt:**_____.
(child's current name)

Enclosed is an adoption petition filed in the above adoption matter in the above-named court.

Pursuant to Minnesota Statutes § 259.53, this case is being referred to your office to conduct the following:

☐ **Post-placement assessment** – please submit a report to the court within 90 days of receiving the enclosed adoption petition.

☐ **Background study** – please conduct a background study on all persons age 13 or older living in the home and submit a report to the court within 90 days of receiving the enclosed adoption petition.

☐ **Fathers' Adoption Registry check** – please submit certification of the search and the results to the court within 90 days of receiving the enclosed adoption petition.

Please contact me if you have any questions.

Dated: _____

Court AdministratorBy: _____
Deputy Court Administrator

Address: _____

City: _____

State: _____

Phone: _____